

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
OFFICE OF DRUG CONTROL POLICY**

PREVENTION POLICY # 02

SUBJECT: Addressing Communicable Disease Issues in the Substance Abuse Network

ISSUED: October 1, 2006

EFFECTIVE: October 1, 2006

PURPOSE:

This policy establishes Regional Substance Abuse Coordinating Agency (CA) requirements with regard to addressing communicable disease. The primary charge of communicable disease efforts is to prevent the further spread of infection in the substance using population. This converts guidelines issued in the 2004 Action Plan Guidelines document to a policy requirement.

SCOPE:

This policy applies to CAs and their provider network, which are a part of substance abuse services administered through the Michigan Department of Community Health, Office of Drug Control Policy (MDCH/ODCP).

BACKGROUND:

Given the causal relationship between HIV/AIDS, hepatitis, other communicable diseases and substance abuse, and the importance of recognizing the role of communicable disease assessment in the development of substance abuse treatment plans for clients, a comprehensive approach is the most effective strategy for preventing infections in the drug using population and their communities

The CA must provide persons with substance use disorders at risk for and/or living with HIV/AIDS, sexually transmitted diseases (STDs), tuberculosis (TB), hepatitis C and other communicable disease the opportunity for access to culturally sensitive and appropriate substance abuse prevention and treatment to address their multiple needs in a respectful and dignified manner. Additionally, this policy is intended to assist the client to gain knowledge, skills and resources needed to achieve personalized goals in relation to their substance use disorder and its impact on their life.

Although a Substance Abuse Prevention and Treatment (SAPT) set-aside for early intervention (EIP) services is not required for Michigan, an emphasis on the provision of services for persons with or at risk of communicable diseases has been maintained

Prior to Fiscal Year (FY) 2005, the primary intent of EIP designated funding was to provide early intervention services to substance abusing persons living with HIV/AIDS (whether or not they were aware of their status) and to prevent HIV infection in the substance using population. Beginning in FY 2005, the state extended this responsibility to other communicable diseases including HIV/AIDS, hepatitis C, TB, and STDs.

PREVENTION POLICY # 02

EFFECTIVE: October 1, 2006

Page 2 of 6

REQUIREMENTS:

Staffing

Each CA must assure staff knowledge and skills in the provider network are adequate and appropriate for addressing communicable disease related issues in the client population, as appropriate to each position within each provider, in accordance with the “Minimum Knowledge Standards for Substance Abuse Professionals - Communicable Disease Related” below. Whenever possible and cost effective, provider staff training is to be at the provider site.

Any Health Education/Risk Reduction, HIV counseling testing and referral, and outreach service must ensure staff administering these interventions have successfully completed the MDCH, Division of Health, Wellness and Disease Control, HIV/AIDS Prevention and Intervention Section (HAPIS) training and certification program(s) for the appropriate intervention and must adhere to HAPIS *Quality Assurance Standards for HIV Prevention Intervention*.

Minimum Knowledge Standards for Substance Abuse Professionals - Communicable Disease Related

ODCP mandates that licensed provider staff have at least a basic knowledge of HIV/AIDS, TB, Hepatitis, STD and the relationship to substance abuse. The following are the minimal standards of knowledge necessary to meet this **Level 1** requirement.

At a minimum, **all** substance abuse program staff should have basic knowledge regarding communicable diseases, including:

- HIV/AIDS, TB, Hepatitis (especially A, B, and C) and STDs as they related to the agency target population;
- Modes of transmission (risk factors, myths and facts, etc.);
- Linkage between substance abuse and these communicable diseases;
- Overview of treatment possibilities; and
- Local resources available for further information / screening.

It is anticipated the above Level 1 requirements could be adequately covered in a two-hour session, with update trainings every two years, and may be provided by agency staff that have completed Level 2 training.

In addition to the above basic knowledge training, clinicians serving clients in a treatment setting are required to have an expanded level of training on HIV/AIDS, TB, Hepatitis and STD. This expanded **Level 2** of training is to include:

1. Expanded basics of HIV/AIDS, TB, and Hepatitis C:

PREVENTION POLICY # 02

EFFECTIVE: October 1, 2006

Page 3 of 6

- A. Statistics (statewide and local geographic area, modes of transmission, how to interpret).
 - B. HIV/AIDS, TB and Hepatitis C (what they are, cause, definition, types).
 - C. Stages/Phases of HIV/AIDS and Hepatitis infection (immune response and viral load, impact on other body organs, co-factors, signs and symptoms of related disease, including those specific to women and children, related infections and cancers).
 - D. Factors for assessing risk and willingness and/or ability for client behavior change (ways to eliminate/reduce risk; infection control).
2. Treatment options/possibilities (anti-retrovirals, prophylaxis, anti-infectives, immune-modulators, clinical trials, nutrition, complementary/alternative treatments, impact of substance use on medication/treatment effectiveness).
3. Testing:
 - A. HIV Antibody testing (philosophy, goals, legal requirements, benefits/risks, types (i.e. serum, OraSure), laboratory tests used, limitations, overview of testing processes).
 - B. Hepatitis testing and vaccines.
 - C. TB testing and treatment.
 - D. Options for STD screening/testing.
4. Overview of psychosocial Issues:
 - A. Psychosocial Framework (issues for people with HIV/AIDS).
 - B. Overview of Psychological Issues (social isolation, alteration in quality of life, self esteem, intensity of emotion, control, denial, financial and employment issues).
5. Professional Challenges (discussion on what some key issues may be for clinicians in a substance abuse treatment program, conceptions, attitudes/values, etc.).
6. Confidentiality, especially for HIV/AIDS (felony, partner notification, testing, reporting, ADA, HIPPA).
7. Resources (local, state, federal).

It is anticipated the above Level 2 requirements could be adequately covered in a three-hour session, with two-hour update trainings every two years. This level of training would require a more advanced level of expertise for the trainer, which could be achieved through the MDCH, HAPIS, HIV Specialist training certification process. Targeted and focused training on one or two specific topics from the above list may be appropriate based on need identified within a region or specific agency, once basic level of training has been achieved.

PREVENTION POLICY # 02

EFFECTIVE: October 1, 2006 Page 4 of 6

Services

1. All persons receiving substance abuse services who are infected by mycobacteria tuberculosis must be referred for appropriate medical evaluation and treatment. The CA's responsibility extends to ensuring that the agency to which the client is referred has the capacity to provide these medical services or to make these services available, based on ability to pay. If no such agency can be identified locally (within reasonable distance), the CA must notify MDCH/ODCP.
2. All clients entering residential treatment and residential detoxification must be tested for TB upon admission. With respect to clients who exhibit symptoms of active TB, policies and procedures must be in place to avoid the potential spread of the disease. These policies and procedures must be consistent with the Centers for Disease Control (CDC) guidelines and/or communicable disease best practice.
3. All pregnant women presenting for treatment must have access to STDs and HIV testing.
4. Each CA is required to assure that all substance abuse clients entering treatment have been appropriately screened for risk of HIV/AIDS, STDs, TB, and hepatitis, and that they are provided basic information about risk.
5. For those clients entering substance abuse treatment identified with high-risk behaviors, additional information about the resources available and referral to testing and treatment (with follow-up) must be made available.
6. For those clients identified with high-risk behaviors, CAs are required to assure communicable disease related health education and risk reduction activities are available for all at-risk clients enrolled in treatment programs.
7. All clients with a history of injecting drug use (IDU) must be referred for Hepatitis C testing.
8. Communicable disease priority populations include all clients with a history of IDU and pregnant women presenting for treatment. Additionally, women, African Americans, and other communities of color are considered high risk.
9. CAs must ensure that the recipients of communicable disease services that are funded through this agreement are persons with substance use disorders. This restriction does not apply to referral services.

PREVENTION POLICY # 02

EFFECTIVE: October 1, 2006 Page 5 of 6

Outreach

If HIV outreach services are justified as needed in a CA region, these services must be directed to substance (ab)users in high HIV prevalence areas of the CA region. These services must be administered with the goal of referring contacts to treatment services and be conducted in conjunction with a substance abuse treatment or prevention provider. Outreach is also intended to enhance understanding of risks for HIV and Hepatitis C, methods of prevention, and to promote awareness of and facilitate access to other needed services.

Financial Requirements

Funds allocated to the CA for communicable disease services may be used for counseling, testing, and referral only when the client is not eligible for these services through other funding sources or the counseling and testing services are an integral component of the substance abuse treatment services provided to the client. It is expected that CA testing-related policy associated with the use of state allocations be discriminate to individuals screened to be at high risk for infection.

The CA shall not use any funds provided through the MDCH/CA agreement for the treatment of communicable diseases, that is, for primary medical care.

REPORTING REQUIREMENTS:

See the MDCH/CA agreement and Action Plan Guidelines for CA reporting requirements.

The CA must submit client data consistent with HAPIS data collection methods including the Uniform Reporting System (URS) CareWare for case management client level data and the HIV Event System for Counseling, Testing, and Referral (CTR), and other prevention services as required, in real time using the HIV Event System.

PROCEDURE:

Procedures to meet these requirements are at the discretion of the CA.

REFERENCES:

Center for Substance Abuse Treatment. (Reprinted 2000). *Substance Abuse Treatment for Persons With HIV/AIDS*, Treatment Improvement Protocol (TIP) Series 37. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Center for Substance Abuse Treatment. (Reprinted 1995). *Screening for Infectious Disease Among Substance Abusers*, Treatment Improvement Protocol (TIP) Series 6. Rockville,


PREVENTION POLICY # 02

EFFECTIVE: October 1, 2006

Page 6 of 6

HIV/AIDS Prevention and Intervention Section. *Quality Assurance Standards for HIV Prevention Intervention*. Lansing, MI: Michigan Department of Community Health, Division of Health, Wellness and Disease Control.

HIV Event System – HAPIS Integrated Data Collection System, HIV/AIDS Prevention and Intervention Section website: www.hapis.org

APPROVED BY: 

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